

<i>SERFF Tracking Number:</i>	<i>NGLI-127364165</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49526</i>
<i>Company Tracking Number:</i>	<i>NPNGRP-TRSP2011</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.114 Single Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Single Pay Group Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>Single Pay Group Whole Life Policy/</i>		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Single Pay Group Whole Life Policy SERFF Tr Num: NGLI-127364165 State: Arkansas

TOI: L07G Group Life - Whole SERFF Status: Closed-Approved-Closed State Tr Num: 49526

Sub-TOI: L07G.114 Single Premium - Single Life - Funeral Expense Co Tr Num: NPNGRP-TRSP2011 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Authors: Peggy Kratz, CarLee Cramer Disposition Date: 08/17/2011
 Date Submitted: 08/11/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Single Pay Group Whole Life Policy	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Trust	Overall Rate Impact:
Filing Status Changed: 08/17/2011	
State Status Changed: 08/17/2011	Deemer Date:
Created By: CarLee Cramer	Submitted By: CarLee Cramer
Corresponding Filing Tracking Number:	
Filing Description:	
RE: National Guardian Life Insurance Company	
NAIC # 66583 - FEIN# 39-0493780	
Sub-TOI - L07G.114 Single Premium - Single Life - Funeral Expense	
Filing Type - Forms Filing	
Desired Effective Date - Upon Approval	

SERFF Tracking Number:	NGLI-127364165	State:	Arkansas
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TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.114 Single Premium - Single Life - Funeral Expense
Product Name:	Single Pay Group Whole Life Policy		
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GROUP PRENEED LIFE INSURANCE POLICIES AND CERTIFICATES:

Single Pay Group Whole Life Policy NPNGRP-TRSP2011
Certificate NPNCRT-TRSP2011 AR
Single Pay Group Whole Life Policy NPNGRP-TRSPRP2011
Certificate NPNCRT-TRSPRP2011 AR
Group Application NPNGRP-TRST-APP

Two single premium whole life group policies and their corresponding certificates of coverage are submitted for your approval. The Group Policies are contemplated for issue to a Preneed Trust for the purpose of funding preneed funeral contracts with Funeral Establishments who have entered into participation agreements with the Trust.

We request approval of the enclosed Group Policies for issuance to the Trust as a permitted group under A.C.A. § 23-83-107. In accordance with this section:

- (a) The issuance of the group policy is not contrary to the best interest of the public;
- (b) The issuance of the group policy would be actuarially sound;
- (c) The issuance of the group policy would result in economies of acquisition or administration; and
- (d) The benefits are reasonable in relation to the premiums charged.

Each policy provides for an increasing death benefit, based on a non-guaranteed interest rate. These products will not be illustrated. NPNGRP-TRSP2011 and its corresponding certificate provides for a full death benefit upon issue. NPNGRP-TRSPRP2011 has a limited death benefit during the first 6 months. The limited benefit is equal to the premiums paid times 1.005. Group Application NPNGRP-TRST-APP will be used for the policyholder to apply for the group master policy.

Our company is in compliance with Ark. Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically issued with each policy in the state of Arkansas. Similarly, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas, in compliance with Regulation 49. I have attached a certification of compliance with Regulation 19, 10B, regarding Unfair Sex Discrimination in the Sale of Insurance. This certification is signed by a company officer.

All forms are new and will not replace any previously approved form. The policies will not be illustrated.

Your approval of these forms for issue on a group basis in your state would be greatly appreciated.

SERFF Tracking Number: NGLI-127364165 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49526

Company Tracking Number: NPNGRP-TRSP2011

TOI: L07G Group Life - Whole Sub-TOI: L07G.114 Single Premium - Single Life - Funeral Expense

Product Name: Single Pay Group Whole Life Policy

Project Name/Number: Single Pay Group Whole Life Policy/

Company and Contact

Filing Contact Information

CarLee Cramer, chcramer@nglic.com
 2 E. Gilman Street 608-443-5371 [Phone]
 Madison, WI 53701

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? Yes
 Fee Explanation: Fee is \$50/form; filing includes 5 forms.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$250.00	08/11/2011	50543001

SERFF Tracking Number:	NGLI-127364165	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/17/2011	08/17/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/16/2011	08/16/2011	CarLee Cramer	08/16/2011	08/16/2011

<i>SERFF Tracking Number:</i>	<i>NGLI-127364165</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Single Pay Group Whole Life Policy/</i>		

Disposition

Disposition Date: 08/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-127364165 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49526

Company Tracking Number: NPNGRP-TRSP2011

TOI: L07G Group Life - Whole Sub-TOI: L07G.114 Single Premium - Single Life - Funeral Expense

Product Name: Single Pay Group Whole Life Policy

Project Name/Number: Single Pay Group Whole Life Policy/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Actuarial Memorandum		No
Form	Single Pay Group Whole Life Policy		Yes
Form	Single Pay Group Whole Life Certificate		Yes
Form	Single Pay Group Whole Life Policy	Withdrawn	Yes
Form	Single Pay Group Whole Life Certificate	Withdrawn	Yes
Form	Application		Yes

SERFF Tracking Number: *NGLI-127364165* *State:* *Arkansas*
Filing Company: *National Guardian Life Insurance Company* *State Tracking Number:* *49526*
Company Tracking Number: *NPNGRP-TRSP2011*
TOI: *L07G Group Life - Whole* *Sub-TOI:* *L07G.114 Single Premium - Single Life - Funeral Expense*

Product Name: *Single Pay Group Whole Life Policy*
Project Name/Number: *Single Pay Group Whole Life Policy/*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/16/2011
Submitted Date 08/16/2011
Respond By Date 09/16/2011

Dear CarLee Cramer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Single Pay Group Whole Life Policy, NPNGRP-TRSPRP2011 (Form)

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of Guideline One of this bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: NGLI-127364165 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 49526
Company Tracking Number: NPNGRP-TRSP2011
TOI: L07G Group Life - Whole Sub-TOI: L07G.114 Single Premium - Single Life - Funeral Expense
Product Name: Single Pay Group Whole Life Policy
Project Name/Number: Single Pay Group Whole Life Policy/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/16/2011
Submitted Date 08/16/2011

Dear Linda Bird,

Comments:

Response 1

Comments: In response to your objection, please withdraw forms NPNGRP-TRSPRP2011 and NPNCRT-TRSPRP2011 AR from this filing. Feel free to contact me if you have any further questions/concerns.

Thank you for your continued review of the forms remaining in this filing.

Related Objection 1

Applies To:

- Single Pay Group Whole Life Policy, NPNGRP-TRSPRP2011 (Form)

Comment:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of Guideline One of this bulletin.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
CarLee Cramer, Peggy Kratz

SERFF Tracking Number: NGLI-127364165 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49526

Company Tracking Number: NPNGRP-TRSP2011

TOI: L07G Group Life - Whole Sub-TOI: L07G.114 Single Premium - Single Life - Funeral Expense

Product Name: Single Pay Group Whole Life Policy

Project Name/Number: Single Pay Group Whole Life Policy/

Form Schedule

Lead Form Number: NPNGRP-TRSP2011


Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNGRP-TRSP2011	Policy/Contract/Certificate	Single Pay Group Whole Life Policy	Initial		0.000	NPNGRP-TRSP2011.pdf
	NPNCRT-TRSP2011 AR	Certificate	Single Pay Group Whole Life Certificate	Initial		65.900	Certificate - Full Benefit AR.pdf
Withdrawn 08/17/2011	NPNGRP-TRSPRP2011	Policy/Contract/Certificate	Single Pay Group Whole Life Policy	Initial		0.000	NPNGRP-TRSPRP2011.pdf
Withdrawn 08/17/2011	NPNCRT-TRSPRP2011 AR	Certificate	Single Pay Group Whole Life Certificate	Initial		65.800	Certificate - Limited Benefit AR.pdf
	NPNGRP-TRST-APP	Application/Enrollment Form	Application	Initial		0.000	PnGrpApp - Trust.pdf



SINGLE PAY GROUP WHOLE LIFE POLICY

AGREEMENT	<p>This group policy is a legal contract between National Guardian Life Insurance Company and the Policyholder. It is issued in consideration of the acceptance of or application for the group policy.</p> <p>Life insurance is provided by the group policy through Certificates of insurance issued on the life of the Insured named on the Schedule of each respective Certificate. If a certificate is assigned in connection with a prearranged funeral plan, cancellation of the prearranged funeral plan does not automatically cancel the Certificate. All payments are subject to the terms and conditions of this group policy and the Certificate.</p> <p>We will issue and deliver to each Certificate Owner a Certificate that evidences the Insured's coverage under this group policy.</p> <p>For information or service on this group policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>Each Certificate Owner can cancel their Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date it is received. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for the Certificate to the Certificate Owner within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by law of the state where the Certificate is issued.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT READ THE CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

Certificate Proceeds Payable Upon the Insured's Death
Participating

POLICY DATA			
Group Policy Number: [GPN 2011-08]		Effective Date:	[October 1, 2011]
Policyholder: [XYX Prearranged Funeral Trust]		Issue Date:	[October 1, 2011]

GUIDE TO THIS POLICY			
30-Day Right to Cancel	1	Certificates	2
Policy Data	2	General Provisions	2
Incorporation Provision	2	Termination and Continuation	3
Definitions	2		

INCORPORATION PROVISION

Certificates Made Part of Policy	<p>The Certificate form listed below is attached to, incorporated in, and made a part of this Group Policy: [NPNCRT-TRSTSP2011, including all state specific versions]</p> <p>The provisions in the attached Certificate will control the Death Benefit, Premium Payments, Owner and Beneficiary, Certificate Values, Loan Provisions and other general definitions and provisions.</p>
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DEFINITIONS

Certificate Owner	The Certificate Owner is the owner of the beneficial rights granted by the Certificate.
Insured	The person whose life is insured by this Policy.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Policyholder	The entity to whom this Group Policy is issued (or its assignee or successor) for the purpose of providing insurance on the life of an Insured who has a pre-arranged funeral agreement. The Policyholder is named in the Policy Data table.
We, Our, Us	National Guardian Life Insurance Company.
You or Your	The Policyholder.

CERTIFICATES

Eligibility	Only those persons who have funds held in a trust for the purpose of funding a pre-arranged funeral agreement are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any prospective Insured.
Certificates	We will issue a Certificate to the Certificate Owner for each Insured. The Certificate will state the terms, conditions and benefits of this Group Policy.

GENERAL PROVISIONS

Contract	<p>We have issued this policy in return for the application and the payment of the premium. This group policy is a legal contract between the Policyholder and Us. The entire contract consists of:</p> <ol style="list-style-type: none"> 1. this Policy; 2. the application of the Policyholder; 3. the provisions shown in the attached Certificate(s); 4. the Insured enrollment forms; and 5. riders and endorsements, if any, adding or changing the provisions of the Policy or Certificate. <p>Any change or waiver of the contract terms must be in writing and signed by Our President or Secretary to be effective. No agent has the authority to alter or waive any provision of this contract.</p>
Dividends	As long as a Certificate is in force, the Certificate Owner will receive the dividends We declare, if any, in cash annually.
Right To Vote	This is a mutual company. You may vote at the annual election of directors if You have one or more of Our policies in force. The annual election is held at Our Home Office in Madison, Wisconsin, on the fourth (4 th) Friday in April.

TERMINATION AND CONTINUATION	
Termination of Insurance	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of this Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should this Group Policy terminate, any Certificate then in force shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, We or the Policyholder may terminate the acceptance of new Insureds under the Group Policy.
Termination of Group Policy	The group policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder if no Certificate remains in force under this group policy; or; (2) the date the Policyholder is no longer in existence.

Refer to any attached Group Certificate, Applications, and riders for additional Contract language.

SINGLE PAY GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate. This Certificate is assigned in connection with a prearranged funeral plan. Cancellation of the prearranged funeral plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

Certificate Proceeds Payable Upon The Insured's Death Participating

GUIDE TO YOUR CERTIFICATE			
30-Day Right to Cancel	1	Owner and Beneficiary	4
Schedule	2	Certificate Values	4
Definitions	3	Loan Provisions	4
Certificates	3	General Provisions	5
Premium Payment	3	Termination and Continuation	5
Death Benefit	4	Basis of Values	5

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER: [123456] ISSUE DATE: [AUGUST 15, 2011]

GROUP POLICY NUMBER: [78910]

Plan	Certificate Amount	Single Premium	Maturity/ Expiry Date Life
Single Pay Whole Life	[\$1,000.00]	[\$755.00]	

SINGLE PAY WHOLE LIFE

Guaranteed Values

[Values Shown are Per \$1,000 of initial Certificate Amount]

Values do not include future growth, if any.

End of Certificate Year	Cash or Loan Value
1	[191.91]
2	[199.72]
3	[207.81]
4	[216.19]
5	[224.85]
6	[233.80]
7	[243.03]
8	[252.54]
9	[262.34]
10	[272.42]
11	[282.80]
12	[293.48]
13	[304.46]
14	[315.77]
15	[327.39]
16	[339.33]
17	[351.59]
18	[364.13]
19	[376.94]
20	[389.99]

Declared Annual Growth Rate: As Determined by the Company; Non-Guaranteed

Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values and Paid-Up Insurance:

Mortality Table: 1980 CSO Sex Distinct Age Last Birthday

Interest Rate: 5.00%

Method: Standard Nonforfeiture Law Minimum

Insured: [John Doe]

Age: [35 Male]

Beneficiary: As Stated In The Enrollment Form Or Last Recorded Endorsement

Certificate Owner: [John Doe]

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the Certificate Anniversary right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Amount	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by 1/365 th of the Declared Annual Growth Rate.
Certificate Anniversary	The same month and day of each year as the Issue Date of this Certificate.
Certificate Year	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The Declared Annual Growth Rate is used to determine any increase in the Certificate Amount. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
Net Cash Value	The Cash Value less any Loans.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Owner	The person or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
Policyholder	The entity to whom the Group Policy is issued (or its assignee or successor) for the purpose of providing insurance on the life of an Insured who has a pre-arranged funeral agreement.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule shown on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

CERTIFICATES

Eligibility	Only those persons who have funds held in a trust for the purpose of funding a pre-arranged funeral agreement are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any prospective Insured.

PREMIUM PAYMENT

Premium	The premium is the payment needed to keep this Certificate in full force. The premium is shown on the Schedule. Pay the premium at Our Home Office or to any person We authorize to collect the premium.
Premium Due Date	The premium is payable in advance during the Insured's lifetime. This single premium is due on the Issue Date.

DEATH BENEFIT

Amount of Death Benefit	We pay a benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is the Certificate Amount on the date of death less any Loans.
Proof of Death	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. If We wait more than thirty (30) days to pay death benefits, interest will be paid on death proceeds from date of death to date of settlement at a rate of interest not less than that required by law.
Suicide Exclusion	If the Insured commits suicide within 2 years (1 year in CO, MO, and ND) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the Insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

CERTIFICATE VALUES

Cash Value	The Schedule shows the Cash Value at the end of each Certificate Year. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed.
Surrender Benefits	The Certificate may be surrendered for its Net Cash Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> • the Cash Value; • PLUS dividend credits, if any; • MINUS one year of Loan interest; • MINUS any existing loans including any accrued Loan interest. <p>We will terminate this Certificate if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. This Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

GENERAL PROVISIONS

Contract	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Reinstatement	The Certificate may be put back in full force within five (5) years of the termination date unless it was surrendered for its Net Cash Value. All loans must be paid or reinstated with interest at 8% per year from the termination date. Evidence of insurability may be required.
Dividends	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.

TERMINATION AND CONTINUATION

Termination of Insurance	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of the Certificate Owner shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.


**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**



SINGLE PAY GROUP WHOLE LIFE POLICY

AGREEMENT	<p>This group policy is a legal contract between National Guardian Life Insurance Company and the Policyholder. It is issued in consideration of the acceptance of or application for the group policy.</p> <p>Life insurance is provided by the group policy through Certificates of insurance issued on the life of the Insured named on the Schedule of each respective Certificate. If a certificate is assigned in connection with a prearranged funeral plan, cancellation of the prearranged funeral plan does not automatically cancel the Certificate. All payments are subject to the terms and conditions of this group policy and the Certificate.</p> <p>We will issue and deliver to each Certificate Owner a Certificate that evidences the Insured's coverage under this group policy.</p> <p>For information or service on this group policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>Each Certificate Owner can cancel their Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date it is received. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for the Certificate to the Certificate Owner within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by law of the state where the Certificate is issued.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT READ THE CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

Certificate Proceeds Payable Upon the Insured's Death
Limited Death Benefit During the First 6 Months Equal to Premium Paid Times 1.005

Participating

POLICY DATA			
Group Policy Number: [GPN 2011-08]		Effective Date:	[October 1, 2011]
Policyholder: [XYX Prearranged Funeral Trust]		Issue Date:	[October 1, 2011]

GUIDE TO THIS POLICY			
30-Day Right to Cancel	1	Certificates	2
Policy Data	2	General Provisions	2
Incorporation Provision	2	Termination and Continuation	3
Definitions	2		

INCORPORATION PROVISION

Certificates Made Part of Policy	<p>The Certificate form listed below is attached to, incorporated in, and made a part of this Group Policy: [NPNCRT-TRSTSPRP2011, including all state specific versions]</p> <p>The provisions in the attached Certificate will control the Death Benefit, Premium Payments, Owner and Beneficiary, Certificate Values, Loan Provisions and other general definitions and provisions.</p>
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DEFINITIONS

Certificate Owner	The Certificate Owner is the owner of the beneficial rights granted by the Certificate.
Insured	The person whose life is insured by this Policy.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Policyholder	The entity to whom this Group Policy is issued (or its assignee or successor) for the purpose of providing insurance on the life of an Insured who has a pre-arranged funeral agreement. The Policyholder is named in the Policy Data table.
We, Our, Us	National Guardian Life Insurance Company.
You or Your	The Policyholder.

CERTIFICATES

Eligibility	Only those persons who have funds held in a trust for the purpose of funding a pre-arranged funeral agreement are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any prospective Insured.
Certificates	We will issue a Certificate to the Certificate Owner for each Insured. The Certificate will state the terms, conditions and benefits of this Group Policy.

GENERAL PROVISIONS

Contract	<p>We have issued this policy in return for the application and the payment of the premium. This group policy is a legal contract between the Policyholder and Us. The entire contract consists of:</p> <ol style="list-style-type: none"> 1. this Policy; 2. the application of the Policyholder; 3. the provisions shown in the attached Certificate(s); 4. the Insured enrollment forms; and 5. riders and endorsements, if any, adding or changing the provisions of the Policy or Certificate. <p>Any change or waiver of the contract terms must be in writing and signed by Our President or Secretary to be effective. No agent has the authority to alter or waive any provision of this contract.</p>
Dividends	As long as a Certificate is in force, the Certificate Owner will receive the dividends We declare, if any, in cash annually.
Right To Vote	This is a mutual company. You may vote at the annual election of directors if You have one or more of Our policies in force. The annual election is held at Our Home Office in Madison, Wisconsin, on the fourth (4 th) Friday in April.

TERMINATION AND CONTINUATION

Termination of Insurance	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of this Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should this Group Policy terminate, any Certificate then in force shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, We or the Policyholder may terminate the acceptance of new Insureds under the Group Policy.
Termination of Group Policy	The group policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder if no Certificate remains in force under this group policy; or; (2) the date the Policyholder is no longer in existence.

Refer to any attached Group Certificate, Applications, and riders for additional Contract language.

SINGLE PAY GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate. This Certificate is assigned in connection with a prearranged funeral plan. Cancellation of the prearranged funeral plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

CERTIFICATE PROCEEDS PAYABLE UPON THE INSURED'S DEATH

**LIMITED DEATH BENEFIT DURING THE FIRST 6 MONTHS EQUAL TO
THE PREMIUM PAID TIMES 1.005**

PARTICIPATING

GUIDE TO YOUR CERTIFICATE			
30-Day Right to Cancel	1	Owner and Beneficiary	4
Schedule	2	Certificate Values	4
Definitions	3	Loan Provisions	4,5
Certificates	3	General Provisions	5
Premium Payment	3	Termination and Continuation	5
Death Benefit	4	Basis of Values	5

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER: [123456] ISSUE DATE: [AUGUST 15, 2011]

GROUP POLICY NUMBER: [78910]

Plan	Amount of Death Benefit	Single Premium	Maturity/ Expiry Date
Single Pay Whole Life	First 6 Months: Premium Paid X 1.005 Month 7 and Later: [\$1,000]	[\$700.00]	Life

SINGLE PAY WHOLE LIFE

Guaranteed Values

[Values Shown are Per \$1,000 of initial Certificate Amount]

Values do not include future growth, if any.

End of Certificate Year	Cash or Loan Value
1	[191.94]
2	[205.73]
3	[220.30]
4	[235.67]
5	[251.85]
6	[268.89]
7	[286.79]
8	[305.58]
9	[325.30]
10	[345.98]
11	[367.65]
12	[390.33]
13	[414.08]
14	[438.93]
15	[464.90]
16	[492.04]
17	[520.35]
18	[549.84]
19	[580.48]
20	[612.28]

Initial Certificate Amount: \$[1,000.00]

Declared Annual Growth Rate: As Determined by the Company; Non-Guaranteed

Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values and Paid-Up Insurance:

Mortality Table: 1980 CSO Sex Distinct Age Last Birthday

Interest Rate: 5.00%

Method: Standard Nonforfeiture Law Minimum

Insured: [John Doe]

Age: [35 Male]

Beneficiary: As Stated In The Enrollment Form Or Last Recorded Endorsement

Certificate Owner: [John Doe]

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the Certificate Anniversary right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Amount	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by 1/365 th of the Declared Annual Growth Rate.
Certificate Anniversary	The same month and day of each year as the Issue Date of this Certificate.
Certificate Year	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The Declared Annual Growth Rate is used to determine any increase in the Certificate Amount. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
Net Cash Value	The Cash Value less any Loans.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Owner	The person or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
Policyholder	The entity to whom the Group Policy is issued (or its assignee or successor) for the purpose of providing insurance on the life of an Insured who has a pre-arranged funeral agreement.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule shown on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

CERTIFICATES

Eligibility	Only those persons who have funds held in a trust for the purpose of funding a pre-arranged funeral agreement are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any prospective Insured.

PREMIUM PAYMENT

Premium	The premium is the payment needed to keep this Certificate in full force. The premium is shown on the Schedule. Pay the premium at Our Home Office or to any person We authorize to collect the premium.
Premium Due Date	The premium is payable in advance during the Insured's lifetime. This single premium is due on the Issue Date.

DEATH BENEFIT

Amount of Death Benefit	We pay a death benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is determined as follows: <ul style="list-style-type: none">• If the Insured dies within the first 6 months of the Issue Date, the death benefit is an amount equal to the premium paid times 1.005.• If the Insured dies after the first 6 months, the death benefit is the Certificate Amount on the date of death less any Loans.
Proof of Death	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. If We wait more than thirty (30) days to pay death benefits, interest will be paid on death proceeds from date of death to date of settlement at a rate of interest not less than that required by law.
Suicide Exclusion	If the Insured commits suicide within 2 years (1 year in CO, MO, and ND) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the Insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

CERTIFICATE VALUES

Cash Value	The Schedule shows the Cash Value at the end of each Certificate Year. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed.
Surrender Benefits	The Certificate may be surrendered for its Net Cash Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.

LOAN PROVISIONS (continued)

Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none">• the Cash Value;• PLUS dividend credits, if any;• MINUS one year of Loan interest;• MINUS any existing loans including any accrued Loan interest. <p>We will terminate this Certificate if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. This Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>
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GENERAL PROVISIONS

Contract	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Reinstatement	The Certificate may be put back in full force within five (5) years of the termination date unless it was surrendered for its Net Cash Value. All loans must be paid or reinstated with interest at 8% per year from the termination date. Evidence of insurability may be required.
Dividends	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.

TERMINATION AND CONTINUATION

Termination of Insurance	<p>Coverage under a Certificate will end on the earliest of the following:</p> <ol style="list-style-type: none">(1) the date the Insured dies;(2) the date the Certificate is surrendered for cash; or(3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of the Certificate Owner shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

APPLICATION FOR GROUP LIFE INSURANCE
To
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
(referred to as “the Company”) Madison, Wisconsin

[Trust Name] located in [Name of City], [State], hereby applies for insurance offered under Group Policy Number GPN [2011-08] and any of its attached Certificates, Riders, Amendments, and Endorsements. Upon issue, this Application will be made a part of the Group Policy.

The undersigned hereby certifies that all statements made are true and complete. The undersigned understands that the Company will rely on these statements and this information as the basis for approving this application. The undersigned further understands that no insurance will become effective without the approval of the Company.

It is understood and agreed that only an officer of the Company has the authority on behalf of the Company to change or modify this or any other Application for insurance or to bind the Company by making any promise or representation or by giving or receiving any information.

Dated at [Name of City], [State] this _____ day of _____, 20____.

Trustee

By: _____
Authorized Signature

Print Name and Title

Witness

I certify that I have participated in the solicitation, negotiation, or placement of this insurance.

Agent's Signature	Date
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Agent No.	Agency Name
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Licensed Resident Agent (if required)

<i>SERFF Tracking Number:</i>	<i>NGLI-127364165</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49526</i>
<i>Company Tracking Number:</i>	<i>NPNGRP-TRSP2011</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.114 Single Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Single Pay Group Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>Single Pay Group Whole Life Policy/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments:</p> <p>AR - Required Certification 2 - Title 19.pdf</p> <p>Guaranty Association Notice AR.pdf</p> <p>Consumer Information Notice AR.pdf</p> <p>Certificate of Readability 8.11.2011.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments:</p> <p>Please see the group application form attached to the Form Schedule tab.</p>		
<p>Satisfied - Item: Actuarial Memorandum</p> <p>Comments:</p> <p>Actuarial memorandum with full death benefit upon issue.</p> <p>Attachment:</p> <p>Actuarial Memo - Full Benefit.pdf</p>		
<p>Satisfied - Item: Actuarial Memorandum</p> <p>Comments:</p> <p>Actuarial memorandum with limited death benefit w/i first 6 months of issue.</p> <p>Attachment:</p> <p>Actuarial Memo - Limited.pdf</p>		



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark C. Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

August 11, 2011

Signature

Date

Mark C. Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Peggy Kratz

Title: Senior Form Filing Specialist

Phone #: (608) 443-5325

Email: plkratz@nglic.com

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Continued on reverse side)

COVERAGES

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

ARKANSAS NOTICE

Policyholder Service Office of Company:

National Guardian Life Insurance

P.O. Box 1191

Madison, Wisconsin 53701-1191

Phone: (800) 548-2962

Agent's Name		
Street		
City	State	Zip
Phone		

If we at National Guardian Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:
reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(501) 371-2640 (800) 852-5494



CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of the National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

<u>Forms</u>	<u>Flesch Scores</u>
NPNCRT-TRSP2011 AR	65.9
NPNCRT-TRSPRP2011 AR	65.8



Signature

August 11, 2011

Date

Mark C. Neidinger

Associate General Counsel

Individual responsible for this filing:

Name: CarLee H. Cramer

Title: Paralegal

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